

AFFIDAVIT OF EXTENSION ON TEMPORARY EXEMPTION

I, _____, being first duly sworn, on oath,
state:

I am requesting an "extension" on my "temporary exemption" effective
_____, for the purpose of obtaining additional
education or training or to participate in religious, humanitarian or government service
programs. For this requested period of extension, I will be _____ aaaaaa
aa. I anticipate that I will
return to Kansas on approximately _____.

I will inform the Board of Governors of the Health Care Stabilization Fund of my
out-of-state address and will notify the Board of Governors upon completion of my
program or training and upon my return to the State of Kansas. I understand that to take
advantage of this "temporary exemption" I must return to Kansas upon completion of the
program, as intended by K.S.A. 40-3403(b)(1)(D). Should I decide not to return to
Kansas, I further understand I must remit to the Health Care Stabilization Board of
Governors the additional tail coverage cost or my coverage will be voided.

Signature

SUBSCRIBED AND SWORN TO before me the _____ day of _____, 20_____.

Notary Public

My appointment expires: